CASE CLOSING/TRANSFER SUMMARY

Client Name _____ **Date** _____

Case #_____ **ID #**_____

Case is being . . . ☐ closed/withdrawn ☐ transferred to_____ **Effective** _____

If closed, reason for closing:

☐ **client refused services**
☐ **client requested termination of services**
☐ **client moved out of country**
☐ **client cannot be located**
☐ **Other:** _____

☐ **client died**
☐ **DSS unable to continue services**
☐ **goals met/no services needed**

If transferred, reason for transfer:

☐ **Redistribution of cases for administrative purposes**
☐ **Revised service plan calls for other worker/unit**
☐ **Other** _____

Date of most recent review or (re)assessment _____

Significant changes since most recent review_____
_____
_____
_____
_____

Pending or recently completed social work activities on client's/family's behalf since the most recent review
_____
_____
_____
_____
_____

Unresolved concerns _____
_____
_____
_____
_____
_____
_____

Client's/family's response to case closing or transfer_____
_____
_____
_____
_____

Social worker's signature _____